

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036483

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

9296

FILED OCT 3 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis,

c. CITY

OR TOWN

St. Louis,

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

4020 Schiller Place.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

4020 Schiller Place.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOHN

A.

MEEKS

4. DATE OF DEATH

Month

Day

Year

Sept.

25th,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-24-1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Spray Painter-Retd

10b. KIND OF BUSINESS OR INDUSTRY

Frank Adam Elec.

11. BIRTHPLACE (City and state or country)

Audrain County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph T. Meeks

13b. MOTHER'S MAIDEN NAME

Mathilda

14. NAME OF HUSBAND OR WIFE

Callie M. Meeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Callie M. Meeks-4020 Schiller Place.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

DUE TO (c)

Generalized Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5/20/60

to

9/25/62

and last saw him alive on

9/25/62

Death occurred at

10:30 A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Aaron Hendrix MD

22b. ADDRESS

4268 Dela

22c. DATE SIGNED

9/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept. 28, 1962

23c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser-4228 S. Kings Highway Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 27 1962

REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

James R. Dunn

Licensed Embalmer No. 4527

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting. •

If this body is not embalmed, fact should be so stated above.